

FACILITY REQUEST FORM
BRIGHT STAR UNITED METHODIST CHURCH
3715 BRIGHT STAR ROAD
DOUGLASVILLE, GEORGIA 30135
(770) 949-2555
E-mail: office@brightstarumc.org

Name of Group: _____

Contact Person: _____

Address: _____

Home Phone # _____ Work Phone # _____

Date(s) Requested: _____

Time(s) Requested*: _____

Number of adults expected: _____ Number of children/youth: _____

Rooms Requested:

____ Sanctuary ____ Fellowship Hall ____ FLC/Theater ____ Kitchen
____ Youth Center (gym) ____ Nursery* ____ Youth room
____ Classroom number(s): _____

Equipment needed: _____

If you have to cancel an event please let us know as soon as possible.

*There must be one adult for every eight children present when using the nursery.

I have read the building usage policies of the church, and will be sure that my group complies with those policies.

Date: _____ Signature _____

Facility Request Form

Remember: You are free to rearrange the rooms (except the sanctuary) but all rooms must be returned to original condition before you leave.

Purpose: _____

Deposit Amount Paid: _____

- Deposit required as follows: \$200 – Sanctuary
- \$200 – Youth center or Fellowship Hall (FLC)
- \$100 - Large classroom (youth room)
- \$50 - Small Classroom; Nursery or Kitchen

Deposits will be returned in a timely manner after inspection of facilities used for the events.

Usage Fee Amount Paid: _____

Cleanup will be performed by: _____

Approved by: _____

Date: _____

Requestor Notified on: _____

Post event inspection performed by: _____
(Name/Date)

Requestor's deposit returned. Received by: _____
(Name/Date)

Mailed to _____
(Name/Date)